



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)  
Indiana Election Commission (IC 3-9-5-14)  
Approved by State Board of Accounts 1999

(CFA-4)  
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

Steve Holt for Commissioner

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 848.9545

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

606 Hampshire Ct.

5. City, state, ZIP code

Carmel, IN 46032

6. Party affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

Steven A. Holt

8. Party affiliation or if independent candidate

Republican

9. Office sought (Include district number, if any. Not required for exploratory committee.)

County Commissioner

10. County of residence

Hamilton

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0")  
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: January 1, 2012 Through: December 31, 2012

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

40,083.10

14. Cash on hand and investments January 1, current year.

40,083.10

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15 a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

40,083.10

40,083.10

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

14,520.00

14,520.00

17b. Unitemized

565.40

565.40

17c. Add lines 17a and 17b in both columns

SUBTOTAL

15,085.40

15,085.40

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

24,997.70

24,997.70

19. Debts OWED BY the committee (use Schedule D)

-

20. Debts OWED TO the committee (use Schedule E)

-

CERTIFICATION

I, the undersigned, certify that I am the Treasurer of the committee and I hereby certify under oath of my knowledge and belief it is true, correct and complete.

Title  
Treasurer

Date  
1/2/13

Date  
1/4/13

Not for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
person who fails to file a complete or accurate report as required by the Indiana  
4) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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2013 JAN -9 PM 4:02  
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HAMILTON COUNTY INDIANA



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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> Governor's Luncheon for Scouting 7125 Fall Creek Rd. Indianapolis, IN 46256	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000.00		1/7/12
Code <u>C</u> Hamilton County Mayors Breakfast for Scouting 7125 Fall Creek Rd Indianapolis, IN 46256	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	3,000.00		1/7/12
Code <u>C</u> Hamilton County Girl Scout Luncheon Suite 100 2611 Waterfront PKWY East Drive Indianapolis, IN 46214	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	500.00		1/7/12
Code <u>C</u> Connor Prairie 13400 Allisonville Rd. Fishers, IN 46033	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000.00		1/29/12
Code <u>C</u> The Heartland Institute One South Wacker Dr #2740 Chicago, IL 60606	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000.00		1/29/12
Code <u>C</u> Westfield Youth Assistance 2728 E. 171st Street Westfield, IN 46074	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	500.00		2/26/12
Code <u>C</u> Youth Mentoring Initiative PO Box 743 Fishers IN 46038	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	500.00		2/26/12
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 7,500.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ -		



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Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Boy Scouts of America - Annual Dinner 7125 Fall Creek Rd. Indianapolis, IN 46256	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	2,000.00		3/4/12
Code <u>C</u> Jim Belden for County Council 35 Wilson Dr. Carmel, IN 46032	Retired County Council	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000.00		3/4/12
Code <u>C</u> C.I.A.S.S. Student Leadership Camp 7801 Holly Creek Lane Indianapolis, IN 46240	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	300.00		3/31/12
Code <u>C</u> Connor Prairie see above	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	2,000.00	3,000.00	10/7/12
Code <u>C</u> Legacy Fund 515 E. Main St., Suite 100 Carmel, IN 46032	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	720.00		
Code <u>C</u> Michigan Maritime Museum 260 Dyckman Ave South Haven, MI 49090	-	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000.00		
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 7,020.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$14,520.00		